Langdon Community

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Langdon Community is registered to provide personal care to people in their own homes. The service is run by a Jewish organisation and specialises in providing support to people with a learning difficulties. Support is provided both to individuals and to people living in small group settings. At the time of our inspection there were 38 people using the service.

This was an announced inspection which took place on 10 and 11 August 2016.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People we spoke with were very complimentary about the registered manager

People who used the service and their relatives told us they felt safe with staff from Langdon Community.Recruitment procedures were in place which ensured staff had been safely recruited. There were sufficient staff to meet people's needs. Staff and managers knew the people who used the service well.

Staff had received training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy in place in the service.

There was a safe system in place for managing people's medicines.

People's needs were assessed before they started to use the service. Care records were very detailed and person centred and contained information about people's health and social care needs. Care records were written using very respectful terms. They provided staff with sufficient detail to guide them on how best to support people and understand how people communicated.

Care records were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

The service had a positive approach to risk management. Person centred risk assessments were in place that supported staff to manage risk in a positive way. They also gave staff guidance on how to promote the person's independence whilst managing risks.

The service placed great importance on promoting people's independence and identified people's preferences and routines. Care records contained information on what people could do for themselves, skills they wanted to learn and how staff could promote people's independence.

The service had detailed guidance for staff on how to support people when they showed behaviour that

challenged the service. Records contained information about what may make someone upset or angry and guided staff in how to respond, what to say and what to do to help the person and diffuse situations. This included understanding how the person communicated and guided staff on how to respond. The service also recognised and valued people's own communication methods including using signs, gestures and sounds.

People were supported to access a wide range of activities, hobbies, work placements and places of interest to them.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Staff were able to tell us how they supported people to make their own decision. The managers in the service were aware of the process to follow should a person lack the capacity to consent to their care.

Staff received an induction and were provided with a wide range of training that would help them carry out their roles effectively. Training was also given about people's health conditions and equipment that people used. Staff had regular supervision and team meetings and told us they felt very well supported by the organisation and managers from the service. Staff told us they enjoyed the work they did and enjoyed working for the organisation.

People had access to a range of health care professionals. We saw that detailed records were kept of any visits or appointments.

All the people we spoke with were positive about the service and the caring attitude of the staff and managers from the service. We found that the registered manager and staff spoke about people in compassionate and caring ways. They treated people with dignity and respect and were encouraging and enthusiastic when talking with people.

People's religious and cultural needs were respected. They were supported to observe and practise their culture and religion.

Managers of the service used a robust system of quality assurance and audits and used this to help improve the quality of the service provided. There was a complaints procedure for people to voice their concerns.

The service had a range of ways of involving people and getting their ideas for how the service could be improved.

The service had notified CQC of any accidents, serious incidents, safeguarding allegations and DoLS applications as they are required to do.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe when staff were providing them with care and support. Staff had been safely recruited and knew the correct action to take if they witnessed or suspected abuse.

Medicines were managed safely. There were policies and procedures in place and staff had received training in administering medicines.

Risks had been assessed appropriately. Staff were given guidance on how to manage risk in a positive way that respected the person's rights and promoted their independence

Is the service effective?

Good

The service was effective.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA.)

Staff received the induction, training and supervision they needed to help ensure they provided effective person centred care and support.

The registered manager and staff knew people well.

Is the service caring?

Good

The service was caring.

Managers and staff demonstrated a commitment to providing high quality, person centred care.

Managers and staff spoke about people in compassionate and caring ways. They treated people with dignity and respect and were encouraging and enthusiastic when talking with people.

The service placed great importance on promoting people's independence and identified people's preferences and routines.

Care records contained information on what people could do for themselves, skills they wanted to
learn and how staff could promote people's independence

Is the service responsive?

Good

The service was responsive.

People were supported to access a wide range of activities, hobbies and places of interest.

Care records were very detailed and person centred and contained information about people's health and social care needs. Care records including risk assessments and care plans were regularly reviewed and updated.

People's religious and cultural needs were respected and met.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager. People we spoke with and staff were complimentary about the registered manager and the way the service was managed.

There were robust systems in place for monitoring the quality of the service provided.

Systems were in place to ensure people who used the service and their relatives were able to give their feedback on the service they received.

Langdon Community

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which took place on 10 and 11 August 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care and supported living service for adults with learning disabilities who were often out during the day; we needed to be sure that someone would be in and we needed to be sure that the registered manager would be at the office. The inspection team consisted of one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority and Bury Health watch for their views on the service.

With their permission we spoke with four people who use the service in their own houses and one person at the main office. During our inspection we spoke with the registered manager, the head of the Manchester service, a house manager, social worker directly employed by the provider and five support staff. The day after our inspection we spoke with three relatives by telephone to ask their opinion of the service

We looked at four care records and three people's medication records. We also looked at a range of records relating to how the service was managed including three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe with Langdon Community. They said, "Yes I feel safe, [staff member] is a nice person"," Yes I definitely feel safe, the staff know me." Relatives we spoke with said, "I feel safe now, [person who used the service] is protected" and "I trust them."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures relating to adults and children were in place. These provided staff with guidance on the types of abuse and on identifying and responding to the signs and allegations of abuse. Training records we looked at showed us staff had received training in safeguarding. We saw that staff were given a wallet sized card to keep which included a flow chart of what to do about safeguarding concerns. The card also contained contact details of local on call managers and an out of area contact telephone number staff could use to raise concerns. The registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Staff were confident that if they raised any incidents the managers of the service would deal with them appropriately. One told us, "I wouldn't have any quibbles, [registered manager] would deal with it."

Records we saw showed that the service kept a log of any safeguarding concerns that were raised. This included information about the incident, who the incident was reported to both inside and outside the service and any action taken to ensure people were protected from future harm. Records of two recent safeguarding investigations showed that the service had taken appropriate action and had notified appropriate organisations such as CQC, local authority safeguarding and the police where necessary.

The service had a whistleblowing policy. This told staff how they would be protected and supported if they reported abuse or other issues of concern. It also gave staff the contact details of other organisations they could contact if they were not happy with how the service had dealt with their concern. Staff we spoke with were aware of the company's policy.

We saw that a robust and safe system of recruitment was in place. We looked at three staff files. The staff files we saw contained a photograph of the person, an application form including a full employment history, interview questions and answers, health declaration, at least two professional references and proof of address and identity. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw policies and procedures were in place to guide staff on the company's expectations about recruitment, code of conduct, finance, data protection, sickness and disciplinary procedures. This information should help ensure that staff knew what was expected of them in their roles.

We looked at the staffing arrangements in place to support the people who used the service. Staff members we spoke with told us there was always enough staff to meet the needs of people who used the service. One

told us, "We have enough staff to do what we want to. It's bespoke; we can meet people's specific needs." Staff we spoke with told us that cover was always provided if staff were sick or on leave and this usually came from this small team. Examination of the staff rotas showed us staffing levels were usually provided at consistent levels and that absences such as annual leave and sickness were usually covered by existing staff. This meant there were enough staff on duty to meet the needs of the people who used the service.

We looked to see if there were safe systems in place for managing people's medicines where the service was responsible for administering them. We found that people received their medicines as prescribed and saw that medicines were stored securely. We found medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The training matrix and staff files we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked.

We looked at three people's Medicines Administration Record (MAR) for the previous three months. We found that all MAR were fully completed to confirm that people had received their medicines as prescribed. We saw that MAR were regularly audited by managers within the service to ensure accurate records were being kept. We saw that one audit had found that a staff signature was missing from a MAR and that an incorrect code had been used. We saw that this had been discussed with the staff member. Records indicated that one person was required to have regular breaks from their medication. We found that this break when medication was not given was indicated on the MAR with a mark that was not included on the MAR sheet codes. We discussed this with the registered manager who told us that they would review the MAR sheet and ensure it was clear what the mark being used meant.

We found one person's topical cream which was prescribed for use 'as required' did not have specific instructions on where the cream should be applied. It stated 'Apply to infected area.' The registered manager told us that staff working with the person knew where the cream should be applied, but told us they ensured the medicine's records included a body map showing clearly to staff where the cream should be applied. This would help to ensure the safe and correct use of the 'as required' medicine.

The registered manager told us the service had a positive approach to risk management, identifying and protecting people from risk but not restricting their independence. Care records we reviewed included information about the risks people who used the service might experience. They contained very detailed person centred risk assessments that guided staff on what action and support strategies they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. Risk assessments in place included activity in the community, medicines, travel, chocking, manual handling, behaviours that challenge, hygiene and personal care, shaving and finances. These showed how the person might be harmed and how the risk was controlled. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection. This included the use of personal protective equipment (PPE) including disposable gloves and aprons. We saw that staff received guidance on effective handwashing procedures. Training records showed that all staff received training in infection prevention and control. Staff we spoke with told us PPE was always available and used.

The service had a procedure in place for the reporting of incidents, accidents and dangerous occurrences. We saw that accident and incident forms were in place within the service. We found these were reviewed by the registered manager and advice or actions were documented to show how these had been dealt with and any learning from them.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had an emergency management and business continuity plan. This informed managers and staff what to do in the event of such an emergency or incident and included people's houses being inhabitable, lack of availability of staff, loss of computer systems and telephones, loss of gas and electricity. This meant that systems were in place to protect the health and safety of people who used the service in the event of an emergency situation.

Good

Is the service effective?

Our findings

People we spoke with said they felt that staff members had the appropriate skills and knowledge to support people who used the service. People said, "They are very professional" and "[person who used the service] has a good quality of life and own friends."

We looked to see if staff received the induction, training, supervision and support they needed to carry out their roles effectively.

The registered manager told us that new staff received an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This was a twelve week induction which included an introduction to the service, information about the individual staff member's role and responsibility and policies and procedures. During the induction staff completed a work book which also tested their understanding and competency in the areas covered. A review of records showed this also included information about Jewish culture and religion, health and safety, fire safety and all essential training. As part of their induction staff also completed shadowing hours, where they worked alongside experienced staff members while they got to know the people they would be supporting. Staff we spoke with told us their induction had helped them understand what was expected of them and helped them to carry out their role effectively. One staff member told us "I had a full induction; it was a nice way to get introduced to people."

We looked at the staff training matrix. The registered manager told us the electronic system alerted the service when staff were coming out of date with any of their training. We saw staff had been trained in topics such as fire safety, moving and handling, health and safety, infection control, medication, first aid, mental capacity, food hygiene and finance. Staff we spoke with told us they also received additional training based on the needs of the individuals they were working with such as autism, epilepsy and diabetes. One told us the service had paid for them and other staff to attend a conference that was run by an organisation with specialist knowledge about a health condition a person who used the service had. They said this had given them more understanding about the condition and how best to support the person. Another person who used the service had a very rare medical condition. Staff told us the service had joined a forum and support group so that they could learn more about the condition and the best way to provide the person with care and support that met their needs.

Records showed that staff received regular supervision and a programme of annual appraisal had been started. These included discussions with a manager about key tasks, essential information about people who used the service, staff issues, personal development and training. We saw that the service had a range of policies and procedures to help guide staff on good practice and what was expected of them in their roles. Records we saw showed that the service held regular staff meetings. We saw that notes were kept of these meetings and that staff could raise any issues they wanted. Staff we spoke with told us they felt supported in the roles. "Me and [registered manager] have regular contact, I feel supported. It's nice to have that support." Others said, "I can't fault the support I have had", "I have regular contact with my manager, at least once a week."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The (MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We found the service was working within the principles of MCA and people's rights and choices were respected. Records showed that staff had received training in MCA. The registered manager and staff we spoke with had a good understanding of MCA and were able to tell us how they involved people in the care they received and how they ensured people gave consent before care was provided. Care records we looked at contained evidence the service had identified whether a person could consent to their care.

People in their own homes are not usually subject to the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that they had been involved in reviews and discussions with the relevant local authorities regarding people who did not have capacity to consent to the care provided by Langdon Community. They told us these discussions and reviews had led to an application being made to the Court of Protection on behalf of someone who used the service. This was to ensure that the care they were receiving and any restrictions in place were in the best interests of the individual concerned. Records showed that staff had been involved in best interests meetings.

Records we looked at showed that people who used the service had given consent to the support they were receiving. We saw this included care plans and risk assessments, medication, healthcare, contacting family members, the service having spare keys to their property, permission for the use of photographs and permission to undertake property audits.

The training matrix showed that staff had been trained in safe food hygiene. Some people who used the service told us they helped to plan their menu and helped with shopping for their food.
Some people told us they helped to prepare their meals. Staff we spoke with told us this helped develop people's independent living skills. We saw menus were healthy and balanced and included fresh fruit and vegetables. One person's care records included a goal sheet that stated they wanted to 'lose weight and gain fitness.' We saw that the person had been supported by staff to achieve their goal and had lost three stones in weight in the previous year. The person told us they were proud of this. Food was stored and prepared in line with Kashrut, which are Jewish religious and dietary laws.

We saw that the service placed great importance on recognising and valuing how people communicated. We saw that a variety of recognised communication systems were used including British Sign Language. We saw that the service also recognised and valued people's own communication methods. Where people who used the service did not use words to communicate there was guidance to staff on how best to communicate with the person. Care records contained detailed information about people's communication and included the use of communication aids such as pictures and symbols and what the person's gestures and noises might mean. They also guided staff on how they should respond. One person we spoke with used a hand held computer tablet to type out their responses; we saw that staff encouraged them to use this.

We saw that important information was available in easy read formats which included pictures and symbols. We saw that an easy read guide to tenancy agreements was available. This explained what a tenancy agreement was and what people's rights and responsibilities were. We saw that policies and important

information such information about safeguarding and the service user welcome pack were available in pictorial formats. This would help people who may have difficulty reading words to understand their rights and what they could expect from staff and the service.

We saw that the service had a looked at a variety of ways of supporting people when they showed behaviour that challenged the service. Records we saw included very detailed guidance for staff on what certain behaviours the person showed may mean and what the staff needed to do to help the person. We saw that records contained information about what may make someone upset or angry and guided staff in how to respond, what to say and what to do to help the person and diffuse situations. One record we reviewed said "It is essential that staff use a relentlessly positive approach."

We saw that any incidents of behaviour which others found challenging were recorded. This included what happened before, during and after the incident. Staff and managers also reviewed how they could learn from each incident to improve the support they gave the person. We were told that as staff learned how to support people with their behaviour, information was given to relatives to help with continuity of support. Records showed that some staff were trained in physical intervention and breakaway techniques for people whose behaviour may challenge the service. These would help to ensure that people were responded to effectively and that people and staff remained safe. The registered manager told us that these were not currently needed or being used. One staff member said of a person who used the service, that they were, "Happy and healthy. [Person who used the service] was on [sedative medication] they are not now. It's about how the team have responded."

Care records we looked at contained health action plans which gave detailed information about each person's health needs. Most health action plans we saw had been reviewed annually or when changes had occurred. However we found one record for a person, whose health condition was deteriorating, had not been updated since 2013. The registered manager told us that a meeting had been arranged for two weeks after our inspection to review and update the information. This information needs to be reviewed regularly to ensure it accurately reflects people's current health needs.

The service also used a 'My traffic light Hospital passport." This included important information about each person's support needs and medical conditions and was given to health care professionals if the person needed to go to hospital. We found this contained information that would help keep the person safe by making sure healthcare staff had the information they needed to care for and support the person in the way they preferred.

We found that people had access to a range of health care professionals including dentist, doctors, nurse practitioners, opticians, podiatrist, dieticians, speech and language therapist and occupational therapist. We saw that detailed records were kept of any visits or appointments.

Good

Is the service caring?

Our findings

All the people we spoke with were positive about the service and the caring attitude of the staff People said of the staff; "They are caring and helpful", "They are good at their jobs", "They are alright. They listen to me." Relatives we spoke with said of the staff, "They are excellent, they go over and above what you could ask", "They are more than staff, they are like a lovely family." Another told us, "[person who used the service] is happy."

Staff we spoke with were very positive about the people who used the service. One staff member said of the people they supported, "I love it here, it's like I have won the lottery." Others said, "It's doesn't feel like I'm working, it's a community."

Staff we spoke with told us they had got to know people who used the service very well. They said "I have time to get to know people", "We spend time with people, we get to know them."

We found the registered manager and staff we spoke with knew people who used the service very well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. They spoke about people who used the service affectionately and compassionately. One person who used the service said of the staff that supported them, "They know me."

During our inspection, with their permission, we visited people in their homes and spent time observing how staff interacted with the people who used the service and talking to staff about the people they supported. We found that staff spoke about people in compassionate and caring ways. They treated people with dignity and respect and were encouraging and enthusiastic when talking with people. One staff member told us of a recent evening they had spent with someone who used the service, "We had a lovely evening, went to the park, gave bread to the ducks. It didn't cost anything. It was lovely." Another said, "It's not just about day to day living, it's about quality of life."

We found that staff worked in small teams for each house or person. The registered manager told us this enabled them to match the personalities, skills and interests of the staff with each individual who used the service. Staff who the person liked and who knew the person well usually worked at their home. People who used the service and their relatives had been involved in the recruitment of some staff. One person told us "I interviewed people. I had input into picking [staff member]

The service operated a key worker system. This meant that a named member of staff worked closely with a person to make sure the service was meeting their needs. They were responsible for ensuring information was kept up to date and would also keep in contact with relatives. Records we reviewed showed the key workers met with a manager each month to discuss any issues or ideas for the [person who used the service. This meant that continuity of care was maintained.

The service placed great importance on promoting people's independence and care records covered

people's ability's, preferences and routines. We saw this included personal care, daily living skills, shopping, laundry, cleaning, money management and community activity. They included details about what people could do for themselves and what support they needed. A person who used the service told us, "I go to Bury on my own." Another said "Langdon is about living as independently as you can, with the support you need. It's about life in the proper world, doing things in the community. There are not many places like Langdon."

One person's records said "I can get in the bath myself, but need staff to run it for me. I can get myself out, dried and dressed afterwards" and another said, "It is very detrimental to [person who used the service] to over support." A person who used the service told us, "I couldn't clean or cook and I wasn't sociable. Now I can interact with friends, clean and cook."

Relatives told us the service helped them stay in touch with their family members. One told us, "I have regular contact with the care staff, once or twice a day. They text me if they don't call."

People's religious and cultural needs were respected. The service is run by a Jewish organisation and care records contained information about each person's wishes and beliefs. They identified what aspects of the Jewish faith and culture were important to each person and which they wanted to observe.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records in the office were stored securely to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to their needs?. People told us "They [staff] are there if I want to talk, they are there if I need support" and "staff are really helpful, exemplary, they go that extra mile."

The registered manager told us that before someone started using the service each person had a needs assessment completed by the social worker directly employed by the service. Theymet each person and their relatives. We saw the assessment was very detailed and person centred and covered all aspects of a person's health and social care needs. It included information about people's health needs, family and social history, cultural needs, communication, social interaction, daily living needs and skills, personal care, community activities, challenging behaviour, emotional well-being, work and employment aspirations. We found the information identified the support people required and also placed great importance on recognising what people could do for themselves. The assessments identified what people's desired outcomes from living at Langdon community were. This meant the service could ensure people were suitably placed and that staff knew about people's needs and goals before they moved in.

We saw these assessments had been used to develop care records that included care plans and risk assessments to guide staff on how best to support people. We looked at four people's care records. We found they contained risk assessments and care plans that were very detailed and person centred and written using very respectful terms. One record we looked at gave detail about how the person liked their hair styling, what bathing products they liked and where they liked their perfume "…on clothes not skin."

Records we reviewed also included a one page profile. This included information about what was important to the person and how best to support them. We saw statements included, "Routine is important to me, I like to know who is going to be with me" and "I need people to give me a lot of space, especially people I don't know well." The care records we looked at were sufficiently detailed to guide staff on how to provide person centred care and support to people.

Care records we looked at had been regularly reviewed and updated when changes had occurred. We saw that people and where appropriate their relatives had been involved in creating the care records and in the reviews. One relative told us, "They review things and see what can be done better."

We looked to see what activities were available for people who used the service. Care records contained information about people's interests and hobbies. One person's care records said they liked, "Any thrill seeking activity." People had a timetable each week that showed they were supported to access a wide range of community based activities and places of interest to them. We saw these included friendship circle, gardening, Zumba, gym, cinema, college choir, bowling, visiting friends; games and a takeaway, football, Shabbos meals at other people's houses and an art club.

The registered manager told us that day trips were also organised regularly. People we spoke with told us these included theatre, concerts, Blackpool, Llandudno, Knowsley safari park and Monkey world. Staff we

spoke with told us that the activities were also used to encourage people to be part of their community and to avoid people becoming socially isolated.

The registered manager told us that each year a number of supported holidays were offered by the service. People paid for their holiday and could choose the one they wanted to go on. We saw that holidays planned this year included cruises to the Norwegian fjords, France, Mediterranean and hotels in Italy, Malta and Scotland and Disneyland Paris. One person who used the service told us they had previously been to Amsterdam and France and had just been to Portugal and had really enjoyed the holiday.

We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also told people what they could do if they were unhappy with how the service had dealt with their complaint and gave contact details of other organisations people could go to for advice. Records we saw showed that there was a system for recording complaints and any action taken. We saw that one complaint from a neighbour of one of the houses had been responded to giving details of the action that had been taken to prevent a reoccurrence of the issue. People we spoke with told us they could raise any issues they had. One person told us, "I know how to complain and I would be taken seriously." Another said, "I made a formal complaint, they understood and acted."

Good

Is the service well-led?

Our findings

People we spoke with were complimentary about the service and the way it was organised and run. One person told us, "Moving to Langdon is probably the best thing I have ever done." A relative said, "It's considerably better now than it was."

The service had a registered manager who was present on the day of our inspection.
A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People we spoke with were very complimentary about the registered manager. They told us, "She is always there if you need her, you can ring her anytime." One person said, "She is very hands on, but sometimes too busy, its pure workload." Others said, "She's nice", "She's a nice person" and "She's caring and thoughtful."

Staff said of the registered manager, "She's very caring", "She is very hard working, committed to improving how we do things" and "She's open to ideas." During our inspection we found the registered manager to be person centred and committed to improving the quality of the service.

All the staff we spoke with were positive about working for the organisation and the recent changes that had happened at the service. They said, "They are a really good company to work for", "I wouldn't go back", "They are a kind and caring, supportive organisation", "There is more structure coming through." One staff member told us, "I love it, it's amazing, I got paid for taking people to Blackpool."

Staff members had access to an on-call system for emergencies when the main office was closed. We saw that records were kept of any telephone call received by the on call manager and they detailed any action taken. People who used the service told us, "They answer the on call or they will always call you back." Staff told us, "If you ever need anything there is always someone in the office or on call."

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents, safeguarding allegations and DoLS applications as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found there were good systems of weekly, quality assurance check and audits. These included accidents and incidents, medicines, care records, risk assessments, training, staff files, safeguarding, health and safety, finances and premises. Records showed that senior managers of the service also met regularly to review the audits and any issues or ideas about the service were discussed and agreed actions documented. We saw that the registered manager also completed an annual self-assessment of all

their quality monitoring which identified strengths and areas that needed further action.

We were told that when people started to use the service they were given a service user guide. This gave people information about the values that the service believed in and the service people could expect to receive. It also informed people how their confidentiality would be protected, how they could complain and their rights and what would be expected of them. We saw that this guide was also available in easy read pictorial form.

We found the service had a range of ways of involving people and getting their ideas for how the service could be improved. The registered manager told us that monthly service users meetings were held. Records showed these were chaired by someone who used the service, people were able to discuss issues about the service and put forward ideas for future activities. We saw that the service had undertaken an annual questionnaire in 2015. This had asked people about the service and support they received. We noted that 15 people had responded and the overall response was positive.

The registered manager told us a relatives satisfaction survey was being sent out the week following our inspection and that a relatives meeting had been held last October. Records we saw showed it was well attended. People had discussed planned activities and commented positively on the religious training staff had been given.